

CLAIMS ONLY						Application Number <i>101048167</i>	Filing Date		
						Applicant(s)			
* May be used for additional claims or amendments									
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	
	Indep	Depend	Indep	Depend	Indep	Depend			
1							51		
2							52		
3							53		
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45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
Total Indep							Total Indep		
Total Depend							Total Depend		
Total Claims			<i>13</i>				Total Claims		